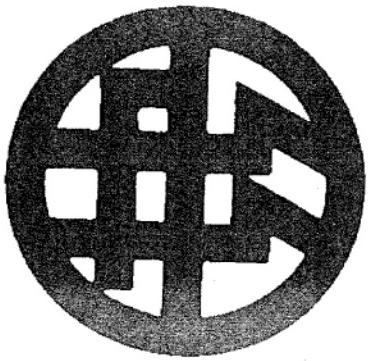


EXHIBIT C



III

CONFIDENTIAL

BLUSA-EHRLICH INCOMING 0000051

ACCOUNT APPLICATION

In this BLUSA International Account Application, you provide the information necessary to open an account with us. If you wish to open both a Personal Account and a Business Account, please use two Account Applications."

NEW ACCOUNT

UPDATE TO EXISTING ACCOUNT

Filed 09/15/14 Page 3 of 17

Account No. to be completed by Representative
ACCOUNT NO. [REDACTED]

(For Personal Accounts, last name first)

DAVID EHRLICH OR MELITA

TYKOKI

0 8 3 7 277813

ACCOUNT TYPE

PERSONAL

BUSINESS

Check at least one
 Checking with Interest
 Checking without Interest
 Money Market

Check at least one
 Checking with Interest
 Checking without Interest
 Money Market

WILL ACCOUNT BE:		<input checked="" type="radio"/> YES	<input type="radio"/> NO	PAGE IN ACCOUNT TERMS	SHOULD WE:	<input checked="" type="radio"/> YES	<input type="radio"/> NO	PAGE IN ACCOUNT TERM
Joint Account?		<input checked="" type="radio"/>	<input type="radio"/>	3	prepare account statements. (check only one)	<input checked="" type="radio"/>	<input type="radio"/>	
"in trust for" account?		<input checked="" type="radio"/>	<input type="radio"/>	2-3	O monthly? O quarterly? O annually?	<input checked="" type="radio"/>	<input type="radio"/>	4
"account designated by number or otherwise?"		<input checked="" type="radio"/>	<input checked="" type="radio"/>	4	Send with your statement paid checks and memo items.	<input checked="" type="radio"/>	<input type="radio"/>	4
NAME								
SHOULD WE:								
hold all mail?		<input checked="" type="radio"/>	<input type="radio"/>	2, 9				
verify telephone (oral or facsimile transmission) payment orders before execution?		<input checked="" type="radio"/>	<input type="radio"/>	6-7				
Case 1:12-cv-04423-AJN								

For personal account, go to page 2
For business account, go to page 6

INFORMATION AS TO MAIN OWNER

OWNER 1 LAST NAME

FIRST NAME MI

EHRLICH

DAVID

PERMANENT RESIDENCE ADDRESS

Karen Lark 639/602

STREET

JK Young

CITY

MONTGOMERY

STATE

MD

ZIP CODE

HOME TELEPHONE

301-962-7152

VOICE () AREA CODE

FACSIMILE () AREA CODE

EMPLOYER

JK Young

DATE OF BIRTH

5/24/1950

(Month Day Year)

OCCUPATION

David Ehrlich

EMPLOYER ADDRESS (Street, City, State, Zip, Country)

JK Young 2192

CITIZENSHIP (Total # of dependents)

1/1/1950

MAILED ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you checked "Yes" to "Hold Mail")

DAVID EHRLICH

LAST NAME

Melita

FIRST NAME

MI

STREET

JK Young

CITY

MONTGOMERY

POSTAL CODE

20201

COUNTRY

If joint account, go to page 3. If not joint account but "in trust for" account, go to page 4.
If "in trust for" go to page 6

INFORMATION AS TO ADDITIONAL OWNERS

Complete for each additional owner of joint account.

NAME DATE CLASS

BENEFICIARIES

Complete for each Beneficiary of "in trust for" account

Kite on unused sections.

OWNER 2	
LAST NAME TYKACKI	
FIRST NAME ANDREW MI	
PERMANENT RESIDENCE ADDRESS 1001 W. 11TH AVENUE VICTORIA	
STREET	1001 W. 11TH AVENUE
CITY	VICTORIA
STATE/PROVINCE	
POSTAL CODE	
HOME TELEPHONE 205-827-1293	
VOICE	TELETYPE

BUSINESS TELEPHONE		FACSIMILE ()	
VOICE ()		FACSIMILE ()	
DATE OF BIRTH <u>11/16/1969</u>		OCCUPATION	
(M D Y)			
CITIZENSHIP <u>USA</u> (Country number or, if none, Passport number)			
OWNER 3	LAST NAME <u>Hughes</u>	FIRST NAME	MI
DEPARTMENT, OFFICE, ADDRESS			

PERMANENT RESIDENCE ADDRESS		CITY	POSTAL CODE
STREET			
COUNTRY			
HOME TELEPHONE			
VOICE (_____)			
BUSINESS TELEPHONE			
VOICE (_____)			
DATE OF BIRTH			
(M D Y)			
FACSIMILE (_____)			
CITIZENSHIP (with national identity number or, if none, Passport number)			
OWNER 4		FIRST NAME	MIDDLE NAME
LAST NAME			
PERMANENT RESIDENCE ADDRESS			
STREET		CITY	POSTAL CODE
COUNTRY			
HOME TELEPHONE			
VOICE (_____)			
BUSINESS TELEPHONE			
VOICE (_____)			
DATE OF BIRTH			
(M D Y)			
FACSIMILE (_____)			
OCCUPATION			
CITIZENSHIP (with national identity number or, if none, Passport number)			

**Attach copy of an ID or Passport Photo
if not "in trust for" account, go to Customer Agreement page**

If in trust for
go to page 4

3

Attach copy of an ID or passport picture for each beneficiary.

BLUSA-EHRLICH INCOMING 0000053

BASIC INFORMATION FOR BUSINESS ACCOUNTS

BUSINESS NAME	
TYPE OF ORGANIZATION (e.g., corporation, unincorporated association)	
ORGANIZED UNDER LAWS OF (country)	
BUSINESS ADDRESS (specify even if you choose "hold mail")	
STREET	CITY
POSTAL CODE	
COUNTRY	
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you choose "hold all mail")	
LAST NAME	FIRST NAME
STREET	CITY
POSTAL CODE	
COUNTRY	
FOR A CORPORATION OR UNINCORPORATED ASSOCIATION:	
DATE ON WHICH CORPORATE AUTHORITY PROVISIONS (ARTICLE VIII) OF THE INTERNATIONAL ACCOUNT TERMS BOOKLET WERE DULY ADOPTED AND APPROVED BY THE BOARD OF DIRECTORS, OTHER GOVERNING BODY, OR, IF NO GOVERNING BODY, THE MEMBERS	
M	D
Y	

CUSTOMER AGREEMENT

- I UNDERSTAND THAT DEPOSITS MAY BE OPENED IN, AND FINANCIAL ASSETS PURCHASED AND SOLD THROUGH, THE ACCOUNT, EXCEPT FOR DEPOSITS WITH YOUR NEW YORK HEAD OFFICE. I UNDERSTAND THAT DEPOSITS ARE NOT FDIC INSURED. I ALSO UNDERSTAND THAT FINANCIAL ASSETS PURCHASED THROUGH THE ACCOUNT ARE:
3. For purposes of line 1, "Account Owner" refers to each individual signing this page.
 4. Each individual signing this page is authorized to sign singly in transacting all business for this Account unless otherwise specified to the right of the signer.
- I UNDERSTAND THAT DEPOSITS MAY BE OPENED IN, AND FINANCIAL ASSETS PURCHASED AND SOLD THROUGH, THE ACCOUNT, EXCEPT FOR DEPOSITS WITH YOUR NEW YORK HEAD OFFICE. I UNDERSTAND THAT DEPOSITS ARE NOT FDIC INSURED. I ALSO UNDERSTAND THAT FINANCIAL ASSETS PURCHASED THROUGH THE ACCOUNT ARE:
- NOT INSURED BY THE FDIC;
 - NOT A DEPOSIT OR OTHER OBLIGATION OF OR GUARANTEED BY YOU, YOUR AFFILIATES, OR ANY OTHER DEPOSITORY INSTITUTION; AND
 - SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Rule out unused sections

1	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
<i>Signature X</i>		<i>John E. Schreyer</i>		<input type="radio"/> Jointly with No _____ on or with _____ in POA section
2	LAST NAME	FIRST NAME	MI	<input type="radio"/> Jointly with No _____ on this page or with _____ on next page
<i>Signature X</i>		<i>John E. Schreyer</i>		<input type="radio"/> Jointly with No _____ on this page or with _____ on next page
3	LAST NAME	FIRST NAME	MI	<input type="radio"/> Jointly with No _____ on this page or with _____ on next page
<i>Signature X</i>		<i>John E. Schreyer</i>		<input type="radio"/> Jointly with No _____ on this page or with _____ on next page
4	LAST NAME	FIRST NAME	MI	<input type="radio"/> Jointly with No _____ on this page or with _____ on next page
<i>Signature X</i>		<i>John E. Schreyer</i>		<input type="radio"/> Jointly with No _____ on this page or with _____ on next page

*Complete if you checked "Yes" to appointing an Attorney-in-Fact**Each Attorney-in-Fact must also sign Attorney-in-Fact Signature Card*

A	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
ADDRESS		<input type="radio"/> Jointly with _____ in this section or with _____ in above section
TELEPHONE NUMBER	SPECIMEN SIGNATURE: X	<input type="radio"/> Jointly with _____ in this section or with _____ in above section
B NAME OF ATTORNEY-IN-FACT (POA)		<input type="radio"/> Jointly with _____ in this section or with _____ in above section
ADDRESS:		<input type="radio"/> Jointly with _____ on this page or with _____ on above section
TELEPHONE NUMBER:	SPECIMEN SIGNATURE: X	<input type="radio"/> Jointly with _____ on this page or with _____ on above section
C NAME OF ATTORNEY-IN-FACT (POA)		<input type="radio"/> Jointly with _____ on this page or with _____ on above section
ADDRESS:		<input type="radio"/> Jointly with _____ on this page or with _____ on above section
TELEPHONE NUMBER:		<input type="radio"/> Jointly with _____ on this page or with _____ on above section
SPECIMEN SIGNATURE: X		<input type="radio"/> Jointly with _____ on this page or with _____ on above section

FOR BUSINESS ACCOUNTS

a. Is the corporation publicly-held? yes no

If "no," provide the following information for each of the corporation's primary principals:

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Occupation: _____

Employer: _____

Years there: _____

Is the corporation substantially engaged in a trade or business other than managing financial assets? yes no

If "yes," provide the following information for the corporation:

What is that nature of that trade or business?

Under what name is that trade or business conducted?

What is the primary location at which that trade or business conducted?

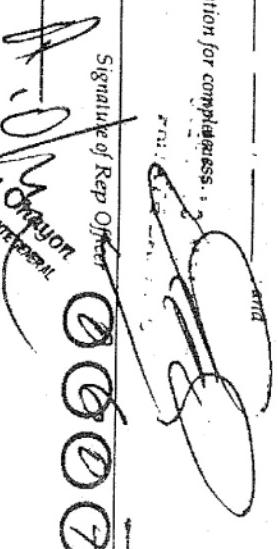
Did individual completing this profile personally visit that location? yes no

If "yes," (i) when was that?

(date)

(time)

(ii) describe what was observed, including both a brief physical description of premises and activities observed?

Date: _____

 Signature of Rep Officer
 APR 2014

Reviewed By: _____
 Date: _____
 BLUSA Officer OOO

- a) During the next 12 months, what are the activities Account Owner intends to conduct through the Account? Indicate US dollar volume for each activity.

	TIME DEPOSITS	INVESTMENTS
US\$ or US\$ equivalent		US\$ 100k

- b) Does Account Owner indicate additional funds will be transferred to the Account during the next 12 months? yes no

If "yes," what activities or circumstances primarily resulted in the acquisition of those funds?

- Inheritances
- Securities
- Operation of a business
- Real Estate
- Investment activities
- Sale of business
- Other (describe): _____

1. I met with Account Owner (name) _____ or, if a Business Account, Account Owner's principal (name) _____ on _____;

2. Such individual provided the above information to me personally;
 3. I examined such individual's passport and confirm that the passport photo shows a true likeness;
 4. I verified such individual's residence address;

5. Such individual signed the Customer Agreement page in my presence on _____;
 6. I reviewed the Application for completeness.

07-○○○○○○

<p>ACCOUNT</p> <p>TITLE</p> <p>CUSTOMER SIGNATURE CARD</p> <p><i>Type or Print Name (and title if Business Account) and sign in box underneath</i></p> <p><input type="radio"/> NEW ACCOUNT <input type="radio"/> UPDATE</p>	<p>ACCOUNT</p> <p>TITLE</p> <p>ATTORNEY-IN-FACT SIGNATURE CARD</p> <p><i>Type or Print Name (and title if Business Account) and sign in box underneath</i></p> <p><input type="radio"/> NEW ACCOUNT <input type="radio"/> UPDATE</p>
<p>1. <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Attorney-in-Fact Card dated mm / dd / yy</p> <p><i>[Signature]</i></p> <p>2. <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Attorney-in-Fact Card dated mm / dd / yy</p> <p><i>[Signature]</i></p>	
<p>3. <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Customer Card dated mm / dd / yy</p> <p><i>[Signature]</i></p> <p>4. <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Customer Card dated mm / dd / yy</p> <p><i>[Signature]</i></p>	

07-○○○○○○

<p>ACCOUNT</p> <p>TITLE</p> <p>CUSTOMER SIGNATURE CARD</p> <p><i>Type or Print Name (and title if Business Account) and sign in box underneath</i></p> <p><input type="radio"/> NEW ACCOUNT <input type="radio"/> UPDATE</p>	<p>ACCOUNT</p> <p>TITLE</p> <p>ATTORNEY-IN-FACT SIGNATURE CARD</p> <p><i>Type or Print Name (and title if Business Account) and sign in box underneath</i></p> <p><input type="radio"/> NEW ACCOUNT <input type="radio"/> UPDATE</p>
<p>X <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Attorney-in-Fact Card dated mm / dd / yy</p> <p>X <input type="radio"/> Jointly with No. _____ hereon, or with No. _____ on Customer Card dated mm / dd / yy</p>	

Unless otherwise specified hereon and in Account Application, each may sign singly

Unless otherwise specified hereon and in Account Application, each may sign singly

Form W-8BEN

(October 1998)

Department of the Treasury
Internal Revenue ServiceCertificate of Foreign Status of Beneficial Owner
for United States Tax Withholding► Section references are to the Internal Revenue Code. ► See separate instructions.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-07

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual
- A foreign partnership (see instructions for exceptions) W-BCCI or V
- A foreign government, international organization, foreign central bank of issue, tax-exempt organization, or private foundation, claiming the applicability of sections(s) 501(c), 893, 895, or 1443(b) W-BECI or W
- A person acting as an intermediary V
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States V

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner

ANGELA TYROCK

2 Country of incorporation or origin

3 Type of beneficial owner Individual Corporation Disregarded entity Partnership Trust Foreign government International organization Foreign central bank of issue Foreign tax-exempt organization

4 Permanent residence address (street, apt. or suite no. or rural route). Do not use a P.O. box.

KODIAK CRABBERS 129100Z

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

MONTREVILLE

VERGOGNY

5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (See instructions)

 SSN or ITIN EIN

7 Foreign tax identifying number, if any (See instructions)

8 Account number(s) (optional)

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (See instructions).
- c The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (See instructions).
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest in a U.S. trade or business of a foreign corporation, and meets qualified resident status (See instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 207(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rules and conditions (if applicable—See instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business in the United States, and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain kinds of expatriation) if I am subject to section 9. I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date

For Paperwork Reduction Act Notice, see separate instructions.

Form W-8BEN

(October 1998)

Department of the Treasury
Internal Revenue ServiceCertificate of Foreign Status of Beneficial Owner
for United States Tax Withholding

OMB No. 1345-0301

► Section references are to the Internal Revenue Code. ► See separate instructions.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

Instead, use

- A U.S. citizen or other U.S. person, including a resident alien individual W-BEN
- A foreign partnership (see instructions for exceptions) W-BECP
- A foreign government, international organization, foreign central bank or agency, tax-exempt organization, or private foundation, claiming the applicability of section(s) 501(c), 892, 893, or 1442(b) W-BCCI or W
- A person acting as an intermediary W
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States W

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner

DAVID EHRLICH

2 Country of incorporation or origin

BOLIVIA

3 Type of beneficial owner Individual Corporation Disregarded entity Partnership Trust Foreign government International organization Foreign central bank or agency Foreign tax-exempt organization

4 Permanent residence address (street, apt. or suite, city, state, country). Do not use a P.O. box.

RECOVE OLASERAS 6391602

Country (do not abbreviate)

MONTEVIDEO

BOLIVIA

5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (see instructions)

 SSN or ITIN EIN

7 Foreign tax identifying number, if any (see instructions)

8 Account number(s) (optional)

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident ofwithin the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (see instructions).
- d The beneficial owner is not an individual claiming treaty benefits for dividends received from a foreign corporation or interest in a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a% rate of withholding on (specify type of income).....

Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or dealer exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business within the United States; and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain U.S. of incorporation) or, if I am subject to section 877, I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

DAVID EHRLICH

Date

For Paperwork Reduction Act Notice, see separate instructions.

For Personal Accounts Only**CUSTOMER DUE DILIGENCE PROFILE***To be completed upon credible information obtained from Account Owner(s).**Use continuation sheets if necessary.*

Check One:



Full Profile



Update (Complete only those items that have changed since Full Profile or last Update.)

ACCOUNT NO.

0837

ACCOUNT OWNER

David Ehrlich or Angela Tykocki

(as in Account Application; if more than one, include all)

1. Name of individual who is referring the Account Owner to Bank Leumi USA (including identifying information / relationship to BLUSA):

Ehrlich David or Angela Tykocki

-exist LA -

Ehrlich David SC

2. Does (did) Account Owner own (alone or with others), or have a relationship with, other accounts at BLUSA or another bank or depository institution? yes no

If "yes," indicate name of account, if different, and name and location of bank or other depository institution:

Name and Location of Bank or
Depository Institution

Name of Account, if different

NAME OF BANK OR DEPOSITORY INSTITUTION

ADDRESS

NAME OF BANK OR DEPOSITORY INSTITUTION

ADDRESS

NAME OF BANK OR DEPOSITORY INSTITUTION

ADDRESS

3.1)

Name of Account Owner

David Ehrlich

Home Address

Home Telephone

005982 7115293

Account Owner's Occupation

OWNER

Name of Employer/Firm (if self-employed)

Justicia & P.A. Montevideo

Employer / Firm Address

Employer / Firm Information

For Personal Accounts Only

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

For Personal Accounts Only

3.2) Name of Account Owner Anjela Tjalkki Anjela Tjalkki

Home Address 1000 Lakeside Dr., Suite 100, Milwaukee, WI 53217

Home Telephone (414) 771-1700

Account Owner's Occupation Housewife

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

3.3) Name of Account Owner _____

Home Address _____

Home Telephone _____

Account Owner's Occupation _____

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

4. Do others have, or are they expected to have, a beneficial ownership interest in the Account—for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?

yes no

If "yes," provide the following information for each person (other than Account Owner) who has a beneficial ownership interest in the Account:

Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Occupation: _____

(Attach additional sheets if needed.)

For Personal Accounts Only

5. a) What source(s) of funds will be used to open the Account or purchase investments?¹ Check all that apply and indicate dollar amounts.

- Inheritances \$ _____ (provide details below)
 Savings from employment earnings \$ _____ (please provide details below)
 Operation of a business \$ _____ (provide details below)
 Investment activities \$ _____ (provide details below)
 Securities Real estate Sale of business Other (describe) _____

Details: _____
Due to economic/political sit. in Uruguay - will transfer when necessary

b) Does Account Owner indicate additional funds will be transferred to the Account during next 12 months?
 yes no

If "yes," what will be source and expected *monthly* amounts of those funds?

- Inheritances \$ _____ (provide details below)
 Savings from employment earnings \$ _____ (please provide details below)
 Operation of a business \$ _____ (provide details below)
 Investment activities \$ _____ (provide details below)
 Securities Real estate Sale of business Other (describe) _____

Details: _____

c) During the next 12 months, what type and dollar amount of activities does Account Owner intend to conduct *monthly* through the Account? Indicate *monthly* US dollar volume for each category, both incoming and outgoing.

INCOMING FUNDS				OUTGOING FUNDS		
	WIRE TRANSFERS	CHECK DEPOSITS	CASH DEPOSITS	WIRE TRANSFERS	CHECK WITHDRAWALS	CASH WITHDRAWALS
US\$ or US\$ equivalent	_____	_____	_____	_____	_____	_____

d) During the next 12 months, what type and *average monthly* dollar amount of asset holdings does the customer intend to maintain in the account?

	TRANSACTION ACCTS	TIME DLPOSITS	INVESTMENTS
US\$ or US\$ equivalent	_____	_____	100K

¹ "Source of funds" means both (i) identity of remitting financial institution, and (ii) activities or circumstances which primarily resulted in acquisition of those funds. For

- Inheritances - indicate from whom
- Operation of a business - indicate name, location, and nature of business
- Securities investment activities - indicate name through which they were conducted--for example, if through a personal investment company, name of that company--and securities firm(s) through which securities investment activities were conducted.
- Real estate investment activities - identify their nature, name through which they were conducted, and any intermediary used.
- Sale of business - indicate name, location, and nature of business and when sold.

For Personal Accounts OnlyAccount Risk Evaluation

YES NO

1. Are any of the account owners, principals, partners, signers or beneficiaries a political figure or high-ranking military officer or closely related to a political figure or high-ranking military officer?
2. For accounts opened in the U.S.A., are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the U.S.A.?
3. Are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the country where the office completing this form is located?
4. Is the account owner a British Virgin Islands ("BVI") corporation, a Private Investment Company ("PIC") or a "bearer share" corporation? If yes, specify country of organization: _____
5. Does the total relationship with this customer exceed \$5 million?
6. Does the customer expect to have more than 25 wire transactions / month or does the customer expect to have wire transfers totaling more than \$1,000,000 / month excluding internal bank transfers for Time Deposits and Investments?
7. Is any account owner a currency dealer or exchanger; check casher; issuer of traveler's checks or money orders; seller or redeemer of traveler's checks or money orders; or money transmitter?

Comments

None at this time.

For Personal Accounts Only

CERTIFICATION (for FULL PROFILE)

Account Name.....

David Ehrlich or Angela Tykocki

1. I met with Account Owner name

David Ehrlich

on |

9 17 2002

2. Such individual provided the above information to me personally;

3. I examined such individual's kind of acceptable photo identification and
confirm that the photo thereon shows a true likeness; and I have retained a copy of same in the file;4. I verified such individual's residence address using specify kind of acceptable document
and I have retained a copy of same in the file;5. Such individual signed the Account Application in my presence on 9 17
2002 and

6. I reviewed the Account Application for completeness.

Signature: 

or

Rep Office Employee (if applicable)

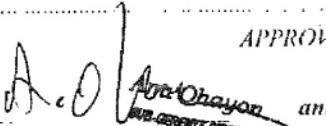
BLUSA Officer

Date: _____

Date: _____

APPROVAL(S)

Approved by:


Ana Chavayon
Representative (if other Rep Office
Employee signed Certification)

and

BLUSA Officer

OFAC List	Checked
By	On

Date: _____

Date: _____

If Rep Office Employee other than the Representative signs under "CERTIFICATION," the Representative
must sign under "APPROVAL(S)." All accounts must be approved by a BLUSA officer

